

MUSTANGS CHILD CARE REGISTRATION FORM

PLEASE FILL OUT COMPLETELY!

SCHOOL YEAR: _____ TODAY'S DATE: _____

**TYPE OF CARE
NEEDED:**

CHILD(REN) INFORMATION

Last Name	First Name	Middle	Sex	Birthdate	Age	Full-Time	Part-Time	Drop-In	Before School	After School

PARENT/GUARDIAN INFORMATION (Child lives with)

NAME: _____ RELATION: _____
 MAILING ADDRESS: _____ HOME #: _____
 STREET ADDRESS: _____ CELL #: _____
 CITY: _____ ZIP: _____
 PLACE OF EMPLOYMENT: _____ WORK #: _____
 EMAIL ADDRESS: _____

OTHER PARENT/GUARDIAN IF NECESSARY

NAME: _____ RELATION: _____
 MAILING ADDRESS: _____ HOME #: _____
 STREET ADDRESS: _____ CELL #: _____
 CITY: _____ ZIP: _____
 PLACE OF EMPLOYMENT: _____ WORK #: _____
 EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE #: _____
 ADDRESS: _____ CELL #: _____
 CITY, STATE: _____ RELATION: _____

NAME: _____ PHONE #: _____
 ADDRESS: _____ CELL #: _____
 CITY, STATE: _____ RELATION: _____

NAME: _____ PHONE #: _____
 ADDRESS: _____ CELL #: _____
 CITY, STATE: _____ RELATION: _____

**Others who may pick up
Child(ren) besides parents
that are not already listed:**

Name:
Relation:
Name:
Relation:
Name:
Relation:
Name:
Relation:
Name:
Relation:

FLIP OVER →

Please list your preferred providers in case of emergency:

DOCTOR/PHYSICIAN

Name: _____

Address: _____

Phone: () _____

Name: _____

DENTIST

Address: _____

Phone: () _____

Name: _____

HOSPITAL

Address: _____

Phone: () _____

STATEMENT OF HEALTH:

My child(ren) is(are) healthy, they have no communicable diseases, and **I will provide their physical and immunization record before they start at Mustangs Child Care**, or they can be seen at the school for my school aged children. If my child is injured and parent/emergency contacts cannot be reached, they can be taken to the doctor/dentist/hospital, and the center is not responsible for the cost.

****PLEASE INITIAL HERE THAT YOU HAVE READ AND UNDERSTAND THE STATEMENT OF HEALTH:** _____

→ Any allergies or other health concerns we should be aware of (please list or explain):

Are the following OK for your child(ren)?

Comments:

Photos: YES NO _____

Field Trips: YES NO _____

OTC Meds: YES NO _____

TODAY'S DATE

Parent/Guardian:

PRINT NAME

SIGNATURE